

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 8

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

~~04-01-03~~ 10-1-02*TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447 Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 4,287,114

b. FFY 2004 \$ 8,574,227

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 3a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

None, New Page

10. SUBJECT OF AMENDMENT:

Adding payment methodology for State employed physicians

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

November 18, 2003

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Jim Hancock

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1930 JUNE 2003

18. DATE APPROVED:

30 DECEMBER 2003

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 OCTOBER 2002

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock

* Per CO instructions 12/17/03.

State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

2. Payment for physicians' services (includes medical and remedial care and services) [cont.]

Services Provided by Oklahoma Universities Affiliated Physicians who are State Employees

With regard to the Agency fee schedule on Attachment 4.19-B, Page 3, a different conversion factor will be used for physicians employed by the University of Oklahoma and Oklahoma State University.

The established RVU will be used and the CF amount will result in a payment amount equal to 140% of the Medicare allowable.

3. Exceptions

For certain specified diagnostic laboratory services included under the Title XVIII Medicare fee schedule and when provided in a physician's place of service, Medicaid payment will not exceed the maximum allowable Medicare payment.

Payment for physician's services for dually eligible (Medicare/Medicaid) patients will be in accordance with Supplement 1 to Attachment 4.19-B, page 3.

OKlahoma	
DATE	6-30-03
DATE APPROVED	12-30-03
DATE	10-01-02
DATE	03-08
A	

Revised 04-01-03

TN# 03-08

Approval Date 12-30-03

Effective Date 10-1-02

Supersedes

TN# _____